

## Natural Gas Well Completion Two Day Notification

E-mail to: [DEPOilandGasSector@wv.gov](mailto:DEPOilandGasSector@wv.gov)

New Source Performance Standards for Crude Oil and Natural Gas Production,  
Transmission and Distribution "NSPS OOOO"

### SECTION I: GENERAL INFORMATION

**Dominion Transmission, Inc.**

Owner or Operator Name

Division of Air Quality ID Number (If Available)

**445 West Main Street**

Street Address

**Clarksburg**

**WV**

**26301**

City

State

ZIP Code

**Jason Bach**

**jason.e.bach@dom.com**

**304.669.4850**

Facility Local Contact Name

E-Mail

Telephone Number

**10-18-13**

Signature

Date

### SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

- [ X ] Route flowback gas to a completion combustion device    [ ] Use on-site as a fuel source;  
[ ] Reinject into the well or another well                      [ ] Route flowback gas to a salable gas  
[ ] Other \_\_\_\_\_ pipeline

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-021-05754	Kim & Lisa Ullom 13129	39°00'36" 80°54'36"	10-24-13	10-31-13

[Add rows to the table for additional wells, as necessary]